



Department of Development Services

Building Safety Division

300 Park Avenue, Suite 300W, Falls Church, VA 22046

Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

permits@fallschurchva.gov www.fallschurchva.gov

BUILDING PERMIT APPLICATION

PERMIT No. _____

ADDRESS OF BUILDING

Street Address _____

Unit # _____

Falls Church, VA

Zip Code _____

APPLICANT: ☐ CONTRACTOR ☐ OWNER

BUILDING OWNER INFORMATION

Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C		Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C	
Address				Address			
City	State	Zip Code		City	State	Zip Code	
VA State Contractor's License Number		Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Expiration Date		TENANT/LESSEE INFORMATION <input type="checkbox"/> NONE		
Falls Church Customer Number (if known):				Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C	
Mechanic's Lien Agent: <input type="checkbox"/> None Designated <input type="checkbox"/> Designated on MLA Addendum				Address			
Total Job Cost		Cost for Building Only (<i>exclude trades</i>)		City	State	Zip Code	

☐ ARCHITECT ☐ ENGINEER ☐ PLAN PREPARER INFORMATION

Name	Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C	License #	
Address	City	State	Zip Code

TYPE OF WORK

Exterior Work:

- ☐ Demolition (*check no other box*)
☐ New Primary Building
New Accessory Building:
☐ Detached Garage ☐ Shed
☐ Other _____
☐ Addition (*incl. attached garage*)
☐ Pool
☐ Deck/Porch (Plat Required)
☐ Fence (Plat Required)
☐ Sump Pump (Plat Required)
☐ Sign
☐ Foundation Only
☐ Crane or Hoist
☐ Temporary Trailer
☐ Temporary Stand

Interior Work:

- Remodel Finished Space:**
☐ Kitchen ☐ Bath
☐ Other Existing Space
Finish Unfinished Space:
☐ Basement ☐ Attic
☐ Garage ☐ Other

Add:

- ☐ Full Bath ☐ Half Bath
☐ Bedroom ☐ Fireplace
☐ Kitchen ☐ Other

Elevator:

- ☐ Install ☐ Repair

**Check All That Apply
Give Details Below**

USE AND OCCUPANCY CLASSIFICATION

- | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> A-1 Theater | <input type="checkbox"/> I-1 Institutional, Residence Care, Halfway House |
| <input type="checkbox"/> A-2 Restaurant, Nightclub | <input type="checkbox"/> I-2 Institutional, Hospital |
| <input type="checkbox"/> A-3 Church, Museum, Gym, Lecture Hall, Library | <input type="checkbox"/> I-3 Institutional, Jail |
| <input type="checkbox"/> A-4 Indoor Arena, Pool | <input type="checkbox"/> I-4 Institutional, Child Care |
| <input type="checkbox"/> A-5 Outdoor Viewing, Bleacher Stadium | <input type="checkbox"/> M Mercantile |
| <input type="checkbox"/> B Business | <input type="checkbox"/> R-1 Hotel, Boarding House |
| <input type="checkbox"/> E Educational, Day Care | <input type="checkbox"/> R-2 Apartments, Condos |
| <input type="checkbox"/> F-1 Factory Industrial, Moderate Hazard | <input type="checkbox"/> R-3 1 & 2 Family (Comm. Code/IBC) |
| <input type="checkbox"/> F-2 Factory Industrial, Low Hazard | <input type="checkbox"/> R-4 Residential Care, Assisted Living |
| <input type="checkbox"/> H-1 Hazardous, Explosives | <input type="checkbox"/> R-5 1 & 2 Family (Resid. Code/IRC) |
| <input type="checkbox"/> H-2 Hazardous, Flammable | <input type="checkbox"/> S-1 Storage, Moderate Hazard |
| <input type="checkbox"/> H-3 Hazardous, Combustible | <input type="checkbox"/> S-2 Storage, Low Hazard |
| <input type="checkbox"/> H-4 Hazardous, Health Hazard | <input type="checkbox"/> U Utility and Miscellaneous |
| <input type="checkbox"/> H-5 Hazardous, Semiconductor | |

SCOPE AND DESCRIPTION OF WORK

If any work will take place outside the building, you must submit the addendum form, Land Disturbance & Exterior Work

TYPE OF CONSTRUCTION

- ☐ 1A ☐ 1B Non-Combustible Protected
☐ 2A ☐ 2B Non-Combustible Unprotected
☐ 3A ☐ 3B Combustible/Non-Combustible
☐ 4 Heavy Timber
☐ 5A ☐ 5B Combustible

FIRE SUPPRESSION

- Will/Does This Building Have
a Sprinkler System? ☐ Yes ☐ No
- Will/Does This Building Have
a Fire Alarm? ☐ Yes ☐ No

DIMENSIONS

- Total Area Of Work (ft²): _____
- Is There A Basement? ☐ Yes ☐ No
- # Of Stories (excl. basement): _____

CONTINUED ON NEXT PAGE

SIGNATURE

Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.

I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.



Signature of Applicant

Date

Address

Print Name

Phone Number

City

State

Zip Code

E-Mail Address

☐ Phone

☐ e-mail

☐ Postal mail

Preferred method of contact for questions/when ready



The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

OFFICIAL USE ONLY

Instructions: At initial intake to Munis is completed, mark the boxes below to indicate what was done. Be sure to also sign the prerequisites in Munis and enter text notes.

<input type="checkbox"/> Commercial Work			<input type="checkbox"/> Residential Work			Contractor License	Special Handling
Plans	Required	Received	Plans	Required	Received	<input type="checkbox"/> Valid in Munis	<input type="checkbox"/> Property in RPA
Office/Builder	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	Office/Builder	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/> Verified at DPOR, Munis updated	<input type="checkbox"/> Property in Floodplain
DPW/Arb/Eng	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	DPW/Arb/Eng	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/> Need paper copy	<input type="checkbox"/> HARB Project
Supplements			Supplements			<input type="checkbox"/> Owner, Affidavit Attached	<input type="checkbox"/> Health Dept Req'd
ADA Form	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	Land Dist Form	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/> Owner, need Affidavit	<input type="checkbox"/> Other:
Asbestos Form	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	CO Application	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/> TBD	
Land Dist Form	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>					
CO Application	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>					

Outside Work:	Initial Routing	Commissioner Check-in	Munis Number:
<input type="checkbox"/> None	<input type="checkbox"/> Office/Builder to Zoning	<input type="checkbox"/> Contractor based in the City	
<input type="checkbox"/> Minimal	<input type="checkbox"/> Office/Builder to BO	<input type="checkbox"/> Contractor verified as annualized	
<input type="checkbox"/> Addendum Attached	<input type="checkbox"/> DPW/Arb/Eng to DPW	<input type="checkbox"/> Check-in verified by waiver	Intake by:
<input type="checkbox"/> Under a Site/Grading Plan	<input type="checkbox"/> Issued over the counter	<input type="checkbox"/> Check-in verified by bus. license	(Initial)

Zoning

☐ Approved

☐ Rejected

Comments

John Boyle, Zoning Administrator

Date

Building Safety

☐ Approved per VUSBC only

☐ Rejected

Comments

Doug Fraser, Building Official

Date

Trade Permits OK to Issue:

☐ Electrical

☐ Mechanical

☐ Plumbing

☐ Fuel-Gas

☐ Fire Alarm

☐ Sprinkler

Special Conditions

on Trade Permits:

FEES

Fee Basis (from Plan Reviewer)

☐ Square Footage Fees

Special Fees

How many units? _____

☐ Crane (\$110)

☐ Door Locking (\$10)

☐ Elevators (\$220)

☐ Fence (\$55)

☐ Low-voltage floors (\$55)

☐ Modular Buildings (\$55)

☐ Sump Pump (\$55)

☐ Systems Furniture (\$55/floor)

☐ Temporary Stand (\$55)

☐ "Other" (\$55)

Square Footage Calculations

Calculated Sq. Ft: _____

Plan Review Fee: ☐ Yes ☐ No
(30% of Sq. Ft. Charge, \$100 Minimum)

Special Fees

☐ Work without permit, initial (\$55)

☐ Work without permit, secondary (\$330)

☐ Other fee: _____

☐ Fees Waived because: _____

Fees

1. Base Permit Fee \$ _____

2. Plan Review Fee \$ _____

3. Total City Fee (#1+#2) \$ _____

4. Technology Fee (10% of #3) \$ _____

5. 2% State Levy (2% of #3) \$ _____

6. Other (from left) \$ _____

Total Fee \$ _____

(fee with 2.95% credit-card fee) \$ _____